

POLYTHERAPY VS. MONOTHERAPY IN HOSPITALIZED PATIENTS WITH SCHIZOPHRENIA DURING ONE YEAR PERIOD

Authors: Dževad Begić, Srebrenka Bise, Omer Ćemalović, Biljana Kurtović
Psychiatric Hospital Sarajevo, Bosnia and Herzegovina

Introduction: Guidelines for treating patients with schizophrenia have consistently recommended antipsychotic monotherapy as the treatment of choice. Although expert consensus guidelines do not advocate antipsychotic polypharmacy, some suggest antipsychotic polypharmacy as the last resort after having exhausted prior monotherapy alternatives. The proliferation of antipsychotic polypharmacy is likely driven by increased availability of pharmacologically diverse atypical antipsychotics that augment an extensive armamentarium of typical antipsychotics. Generally, the concurrent use of more than one antipsychotic, particularly of typical and atypical agents, was reported to vary from 13% to 60%. The body of evidence supporting the benefits of antipsychotic polypharmacy is limited and is in contrast to the extensive and compelling body of evidence supporting monotherapy with atypical antipsychotics. Antipsychotic polytherapy appears to be used for various reasons, with the one cited most often being the wish to bolster medication effectiveness in treating patients with refractory psychotic symptoms, mood symptoms, or behavioral problems. A combined therapy of new-generation mood stabilizers and antipsychotics is often applied in clinical practice. Its advantage is a shorter time to achieve an improvement, a higher degree of improvement and also the possibility to use lower doses than if each medicine were used separately.

Objective: To analyze the characteristics of therapy in hospitalized patients with diagnoses of schizophrenia and to investigate the frequency of polytherapy versus monotherapy to determine if there are any differences between gender.

Material: We analyzed a sample of 169 patients admitted during a one year period, 73 women and 96 men, with a diagnosis of schizophrenia according to ICD-10.

Method: We collected and analyzed data based on the clinical histories of patients, social-demographic characteristics and treatment, and carried out statistical analysis using Statistical Product and Service Solutions (SPSS).

Result: The mean age was 45.8 years. Of the total number of patients 43.2% were females and 56.8% males.

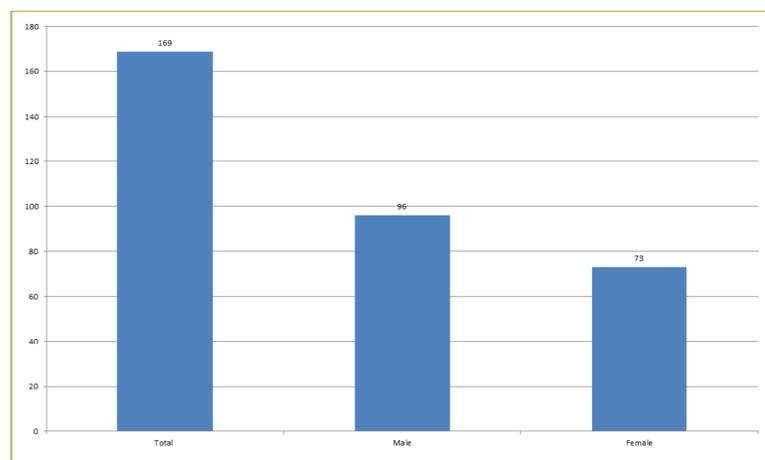


Figure 1. Patients according to gender

Of the 169 patients with schizophrenia, 81% were patients with a diagnosis of paranoid schizophrenia, while the remaining 19% were diagnosed with other types of schizophrenia.

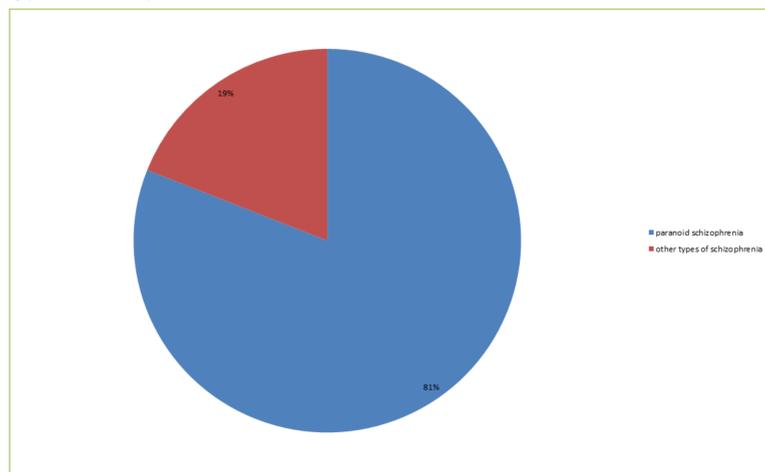


Figure 2. Patients according to type of schizophrenia

Polytherapy was used in 85.8% patients and monotherapy in the remaining 14.2%.

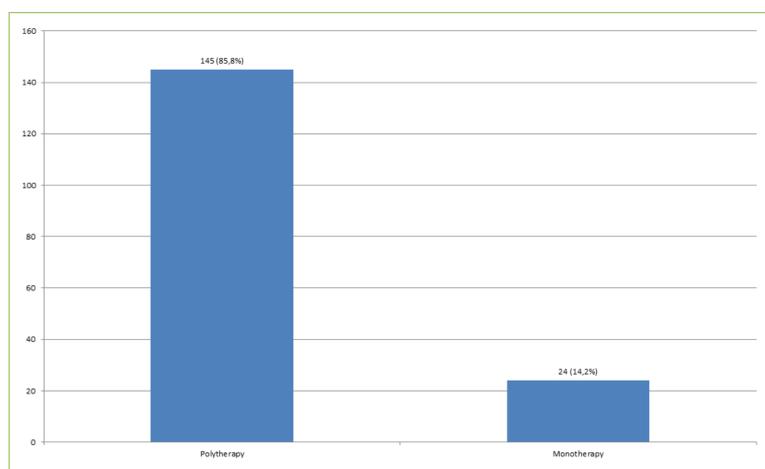


Figure 3. Patients according to treatment options

Of 145 patients treated with a combination therapy, 88.3% used two antipsychotics and the remaining 11.7% three psychotropic medications.

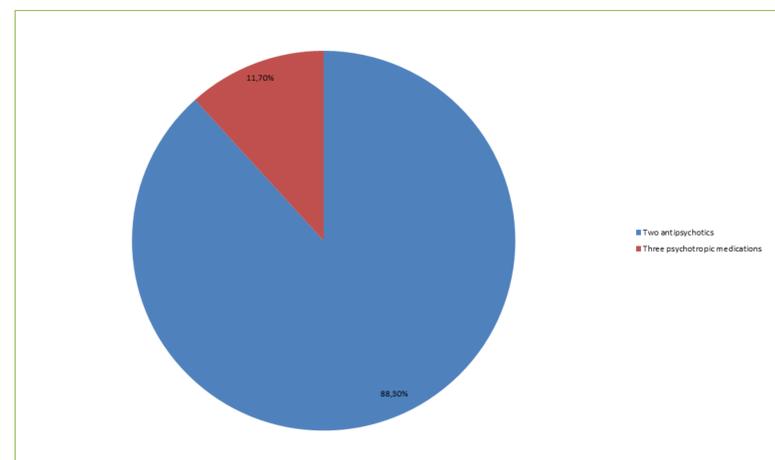


Figure 4. Patients on polytherapy

The most frequent combinations were a combination of an atypical and typical antipsychotic (71 patients, 49%), two typical antipsychotics (46 patients, 31.7%), and two antipsychotics and a mood stabilizer (10 patients, 6.9%).

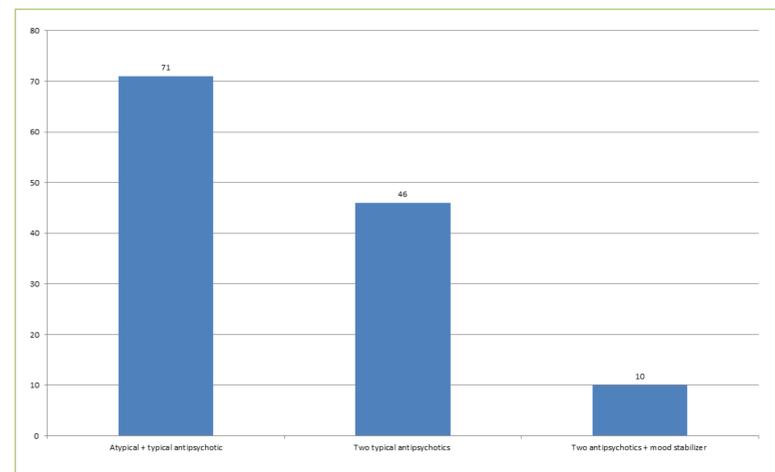


Figure 5. Patients according to medication combinations

Analysis has shown that 145 patients were undergoing a combined therapy, 34 of them (23.4%) had fewer than three hospitalisations, while 111 patients (76.6%) were hospitalized more than three times and have a long history of illness.

Conclusion: Combination antipsychotic therapy is often used in hospitalized psychiatric patients with schizophrenia. A polytherapy is more frequent in patients with a large number of relapses, a large number of rehospitalisations and a long history of illness, who are prone to stop taking their therapy. There is no significant difference in the use of combination antipsychotic therapy vs. antipsychotic monotherapy based on gender.

References:

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